

Walter Reed Cardiovascular Center



A Monthly Newsletter of the Cardiology Division of Walter Reed Army Medical Center

Commentary

Marina Vernalis, DO FACC

October marks the beginning of a new outreach clinic at Fairfax for new cardiovascular patient referrals. We hope this every other week service to Fairfax (and Woodbridge) improves patient and referral physician access to cardiovascular care. This initiative is in addition to our efforts at Ft. Meade and Dover AFB.

Our website refurbishment is taking a little longer than expected. The new site will provide improved referral instructions as well as patient and referral physician education.

Finally, we remain available for e-mail, phone or page consultations. Utilize the provided contact information for patient diagnostic or treatment questions.

Cardiovascular Update

Eric Elgin, MD

Azithromycin for the Secondary Prevention of CHD Events*

Background: Inflammation plays a role in the initiation of the atherosclerotic process. It has been postulated that infectious agents such as CMV and Chlamydia Pneumoniae may be involved in the genesis of atherosclerosis by stimulating inflammation.

Numerous reports demonstrate an association between CAD and serologic evidence of C. pneumoniae. In addition, this agent has been found in pathologic atherosclerotic specimens.

The WIZARD – Weekly Intervention with Zithromax for Atherosclerosis and its Related Disorders – trial was undertaken to assess the benefit of antibiotic treatment on CHD event reduction. The results were published in the September 27th issue of JAMA.

Methods: A total of 7747 patients were randomized in a double blind fashion to azithromycin or placebo for a total of 3 months (azithromycin 600 mg/d x 3 days followed by 600 mg/wk for 11 weeks). Patients were adults with a previous MI at least 6 weeks prior to enrollment with a C. pneumoniae IgG titer of $\geq 1:16$. The primary endpoint was death, MI, coronary revascularization or

hospitalization for angina.

Results: After a median follow-up of 14 months, there was no difference between the azithromycin and placebo treated patients. Azithromycin did cause more side effects.

Conclusions: A 3 month course of azithromycin did not provide a benefit for secondary prevention of coronary heart disease events.

* JAMA. 2003;290:1459-1466.

Guideline Review

Daniel E. Simpson, MD FACC

The association of patent foramen ovale (PFO) with TIA/CVA or peripheral embolic events is strengthening. Less invasive catheter based techniques are now available to close these defects. As a result, the evaluation for PFOs in cryptogenic events is increasing.

Indications for ECHO in Patients With Neurologic Events or Other Vascular Occlusive Events*

Class I

- Patients of any age with abrupt occlusion of a major peripheral or visceral artery
- Younger patients (typically < 45) with a CVA
- Older patients (typically > 45) with neurological events without evidence of cerebrovascular disease or other obvious cause
- Patients for whom a clinical therapeutic decision (anticoagulation, etc) will depend upon the results of ECHO

Class IIa

Patients with a suspicion of embolic disease and with cerebrovascular disease of questionable significance

Class IIb

Patients with a neurological event and intrinsic cerebrovascular disease of a nature sufficient to cause the clinical event

Class III

Patients for whom the results of ECHO will not impact a decision to institute anticoagulant therapy or otherwise alter the approach to diagnosis or treatment

Class I – General agreement that procedure/treatment is useful & effective

Class II – Conflicting evidence and/or divergence of opinion

Class III – Not useful/effective and in some cases may be harmful

* ACC/AHA Guidelines for the Clinical Application of Echocardiography

www.acc.org/clinical/statements.htm

Cardiovascular Trials at WRAMC

CARDIASTAR

PFO closure device versus standard anti-coagulation therapy with coumadin in patients with an embolic TIA/CVA and no other etiology

Questions/Referrals: Please contact Daniel Simpson

OPTIMIZE-HF

Assessment of inpatients with CHF and/or LV dysfunction to determine if guideline treatment is appropriately implemented

Questions/Referrals: Please contact Stephen Welka

WARCEF

Comparison of differing anti-coagulation regimes on cardiovascular events in patients with left ventricular systolic dysfunction

Questions/Referrals: Please contact Stephen Welka